1. **What is a COVID vaccine?** It is a vaccine designed to protect against COVID-19. It is a new type of vaccine.

2. **What is the mechanism of most vaccines?** Vaccines stimulate the immune response of the recipient to produce proteins to fight infection (antibodies). Past vaccines were either viruses that were inactivated or viruses that were made less infectious or “attenuated”. When the disease carrying virus starts to multiply in the patient, the antibodies are already present to neutralize or stop the virus. There are 4 types of vaccine production platforms – attenuated, protein-based, viral vector, and mRNA.

3. **What is different about the COVID vaccine?** It is a new type of vaccine known as mRNA (messenger RNA) vaccine. Two similar vaccines are now available, made by Pfizer and Moderna. The mRNA vaccines have been studied for the past decade for other viruses and for cancer treatment. They were ready to go with the Zika virus, but not needed by the time the vaccine was developed.

4. **Why develop a new type of vaccine?** Efficiency. Instead of the time-intensive costly purification process of creating a vaccine with inactivated virus, we can manufacture large quantities of synthetic RNA sequences in a more efficient way.

5. **The mRNA COVID vaccines require 2 doses. When do I repeat the vaccine?** 21 days later for the Pfizer and 28 days later for the Moderna vaccine.

6. **What is the grace period for the vaccine 2\textsuperscript{nd} dose?** A four day grace period earlier than the recommended date for second dose is considered valid. There is not a maximum interval between the first and second dose for either vaccine. Therefore, if the second dose is administered >3 weeks after the first Pfizer-BioNTech vaccine dose or >1 month after the first Moderna vaccine dose, there is no need to restart the series.

7. **Should I pick one vaccine over the other?** No. Use whatever vaccine has been distributed to your location.

8. **Can I switch from one vaccine to the other?** No. Moderna and Pfeizer are not interchangeable.
9. **How long will the vaccine last?** We currently don’t know. Studies are currently in progress to see how long it lasts. You will likely need a booster or annual vaccine to ‘jump start’ your immune system.

10. **Does immunity after getting COVID last longer than protection from COVID vaccination?** The duration of natural immunity varies depending on the person and the disease course. Stay tuned for more information regarding natural immunity and vaccine–induced immunity as we learn more in 2021.

11. **Influenza vaccines change yearly based on rotating strain; will the COVID vaccine also need to change yearly?** We have seen various mutations in the virus (D to G substitution in the spike protein, cluster 5 variant from Denmark; B.1.1.7 strain from the United Kingdom). The current vaccine appears to protect against these variants.

12. **What are the COVID-19 vaccination side effects or ‘reactogenicity’ concerns?** Side effects tended to be more frequent after the second dose. Fatigue, headache, chills, muscle pain, joint pain and diarrhea were some of the side effects reported with the Pfizer vaccine. Those older than 55 tended to report fewer side effects. The Moderna vaccine produced similar side effects, including arm swelling, fever and pain requiring an OTC pain reliever. See chart below for further details.

### Comparing Side Effects after Dose 2

<table>
<thead>
<tr>
<th>Side Effect</th>
<th>Pfizer (%)</th>
<th>Moderna (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 55 years of age</td>
<td>&gt; 55 years of age</td>
</tr>
<tr>
<td>Arm swelling</td>
<td>6.3</td>
<td>7.5</td>
</tr>
<tr>
<td>Arm erythema</td>
<td>5.9</td>
<td>7.2</td>
</tr>
<tr>
<td>Arm Pain</td>
<td>83.1</td>
<td>66.1</td>
</tr>
<tr>
<td>Fatigue</td>
<td>59.4</td>
<td>50.5</td>
</tr>
<tr>
<td>Headache</td>
<td>51.7</td>
<td>39</td>
</tr>
<tr>
<td>Myalgia</td>
<td>37.3</td>
<td>28.7</td>
</tr>
<tr>
<td>Chills</td>
<td>35.1</td>
<td>22.7</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>21.9</td>
<td>18.9</td>
</tr>
<tr>
<td>Fever</td>
<td>15.8</td>
<td>10.9</td>
</tr>
<tr>
<td>Use of Pain medication</td>
<td>45</td>
<td>37.7</td>
</tr>
</tbody>
</table>
13. **What is the chance of a severe allergy?** Among the first 2 million recipients of the Pfizer vaccine, the rate of anaphylaxis was only 11 per million. Even among these, three quarters of them had a previous history of anaphylaxis.

14. **Do I need the vaccine if I already had COVID?** Yes. It is still recommended because immunity after natural disease is not permanent.

15. **Can I get the vaccine if I just had COVID?** Yes. Vaccination should be deferred until the person has recovered from the acute illness and criteria has been met to discontinue isolation. This is the same recommendation for persons that have not had the first dose or for those that became positive with COVID after the first dose but prior to receipt of the second dose. There is no recommended minimum interval between infection and vaccination, current evidence suggests you likely have some natural immunity 90 days from onset of COVID symptoms. The vaccine could then be used for someone else with no immunity while the supply is limited, however, getting the vaccine within 90 days of having COVID has not been shown to cause harm.

16. **Can my kids get vaccinated?** As of now, the COVID vaccine is not approved for under age 16 (Pfizer) and age 18 (Moderna). Although Pfizer Phase 3 studies included participants down to 12 years of age with no ill effect neither COVID vaccine is currently approved for people under 16.

17. **If I have symptoms or some side effects from the vaccine, will I be contagious during this time?** No.

18. **Will my family need to quarantine if I develop side effects after the vaccination?** No.

19. **Can I still work or attend school if I have side effects?** Yes, if you feel well enough and you have typical reactogenicity symptoms. However, if you have COVID like symptoms (sore throat, congestion, shortness of breath or temperature > 100.4) further evaluation may be needed.

20. **What if a temperature lasts longer than 2 days?** Another cause should be sought for the etiology of the fever, including COVID infection. Exposure may have occurred prior to the vaccination. Start isolation until COVID results are known or another etiology is determined for the temperature.

21. **Can I receive the flu vaccine at the same time?** No. Space the COVID vaccination 14 days apart from any other vaccine. However, if administered less than 14 days apart, repeat administration is not necessary for either virus. COVID vaccine should be administered alone, with interval of 14 days
before administration of any other type of vaccine unless the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine co-administration (i.e. Tdap). It is advisable to wait for 4 weeks with live virus vaccines (For example: MMR, yellow fever).

22. **Should I be concerned about pregnancy?** The American College of OB/Gyne (ACOG) recommends that COVID-19 vaccines should not be withheld from pregnant individuals who meet criteria for vaccination. There is currently no available data on the safety of COVID19 vaccines in the pregnant or lactating population. Specific ACOG guidelines can be found at: [https://www.acog.org/en/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-Pregnant-and-Lactating-Patients-Against-COVID-19](https://www.acog.org/en/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-Pregnant-and-Lactating-Patients-Against-COVID-19)

23. **Does COVID vaccine cause infertility?** The vaccine does not cause infertility. There is no data that the antibodies against the spike proteins attack the placenta, as the structure of the proteins in the placenta and spike protein are different.

24. **What is the recommendation for breastfeeding moms and the vaccines?** COVID vaccines should be offered to lactating individuals similar to non-lactating individuals when they meet criterial for receipt of the vaccine based on prioritization groups outlined by the ACIP. The American Academy of Pediatrics provides the following guidance: While these vaccines were not specifically tested in breastfeeding women, it is not likely (based on the mechanisms of action of the vaccines in U. S. trials) that there would be any risk to the child. There is currently no available data on the safety of COVID19 vaccines in the pregnant or lactating population. Specific ACOG guidelines can be found at: [https://www.acog.org/en/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-Pregnant-and-Lactating-Patients-Against-COVID-19](https://www.acog.org/en/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-Pregnant-and-Lactating-Patients-Against-COVID-19)

25. **What are the contraindications to the vaccine?** Severe allergic reactions to a previous dose of mRNA COVID-19 vaccine, any component in the vaccine is a contraindication as well as polysorbate or polyethylene glycol. Previous severe allergic reaction or anaphylactic reaction to a different vaccination is considered a precaution, not a contraindication. People with a "significant history of allergic reactions" or anaphylaxis from other vaccines or medications may want to have the vaccination performed in a controlled environment with medication available if needed.
26. **What are the ingredients in the COVID vaccines?**

**Pfizer: Genetic Material** nucleoside-modified messenger RNA encoding the viral spike glycoprotein (S) of SARS-CoV-2

- **Lipids**
  - ((4-hydroxybutyl)azanediyl)bis (hexane-6,1-diyl)bis (ALC-3015)
  - (2-hexyldecanoate),2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159)
  - 1,2-distearoyl-sn-glycero-3-phosphocholine (DPSC)
  - cholesterol

- **Salts**
  - potassium chloride
  - monobasic potassium phosphate
  - sodium chloride
  - basic sodium phosphate dihydrate

- **Other**
  - Sucrose

**Moderna: Genetic mRNA material** nucleoside-modified messenger RNA encoding the viral spike glycoprotein (S) of SARS-CoV-2

- **Lipids**
  - SM-102
  - PEG2000-DMG
  - 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC)
  - Cholesterol

- **Saline (salt) solution**
  - The liquid buffer:
    - Tromethamine (tris)
    - Sodium acetate
    - Sucrose (sugar)
    - Water

27. **Should you plan to take a day off after the vaccination?** Only 26% reported any side effect with Pfizer vaccine compared to 13% with placebo. The side effects are generally mild. It is not recommended to schedule a day off. However, it may be beneficial to schedule the vaccination on a day before a day off of work.
28. **Is the vaccine FDA approved?** No. Both Pfizer and Moderna have FDA approved Emergency Use Authorizations (EUAs).

29. **What is an EUA?** It is a license granted to manufacturers to produce a product for a condition during a public health emergency when there are no adequate, approved or available alternatives.

30. **How does a patient report any side effects or adverse events?** CDC smartphone-based tool, known as V-safe for all vaccine recipients, will guide the individual through questions daily after the vaccine. The Vaccine Adverse Event Reporting System (VAERS) is used by the providers and pharmacists to report moderate to severe adverse effects from the vaccine. (vaers.hhs.gov)

31. **Should I be concerned about getting Bell’s Palsy?** The rate of Bell’s palsy in the clinical trials is similar to the overall rate in the general population (15-20 per 100,000 annual incidence). 4 of 30,000 participants in the Moderna clinical trial had Bell’s palsy, including 3 participants who received the vaccine instead of the placebo. Similarly, 4 out of 43,000 participants in the Pfizer clinical trial had Bell’s palsy, and all 4 received the vaccine. The paralysis onset was 3 days to 32 days after the vaccine. Same is true for Gillian-Barre syndrome.

32. **When will the vaccine be available to the general public?** Likely by February 2021. Please check the IDPH vaccine administration data on their website for the latest information.


   For Sangamon County’s latest vaccine information, please also check the vaccination dashboard on the county health department’s website.

   [https://co.sangamon.il.us/departments/a-c/county-board/covid-19/covid-19-vaccination-information](https://co.sangamon.il.us/departments/a-c/county-board/covid-19/covid-19-vaccination-information)

33. **Why do some counties get more vaccine than others?** The vaccine was distributed initially to the counties with the most COVID deaths per capita.

34. **Will the vaccination for residents in long-term care facilities be performed at the health department?** No. The vaccination for residents/staff at extended care facilities, nursing homes and assisted care living is allocated separately and performed onsite by commercial pharmacies (Walgreens and CVS). Residents/staff who leave before the second dose will still be eligible to receive their second dose from the facilities.
35. **Can an immunocompromised patient receive the vaccine?** Yes. During phase 3 development, almost 5,000 patients had an illness or medication that classified the participant as immunocompromised. However, the vaccine is not well studied in this population and the response of the immunosuppressed to the vaccine may be blunted or not be the same as the response of those with a normal immune system. It is recommended to have an informed discussion regarding the COVID vaccine risks vs benefits with your provider. It is likely more important for the immunocompromised patient to receive the vaccine because of possible high risk complications if to naturally get COVID.

36. **Can an immunocompromised patient receive the vaccine?** Yes. During phase 3 development, 5,000 patients had an illness or medication that classified the participant as immunocompromised. It is likely more important for the immunocompromised patient to receive the vaccine. The response of the immunosuppressed to the vaccine may not be the same as the response of those with a normal immune system. No specific ill effects among immunocompromised recipients of the vaccine have been reported. However, because of a potentially weak immune response, consideration is being given to offering a third dose of vaccine 6 to 12 months after the first series. Additional data are being gathered.

37. **If I miss the 21 or 28 day mark for the second dose, do I need to start over with 2 vaccinations?** No. There is not a maximum interval between the first and second dose for either vaccine. However, the next dose should be as soon as possible. In the initial studies, some doses were given as late as 42 days after the first dose. Although 3 weeks is recommended, recipients received the second dose 19-42 days after the first dose (Pfizer package insert).

38. **May I stop wearing a mask and stop socially distancing once I have been vaccinated?** No. You must get both doses of the vaccine for full immunity (95%, not 100%). 52% protection with Pfizer dose #1 and 94% protection with Pfizer dose 2. Full protection occurs 2 weeks after dose 2. You can transmit the virus despite vaccination, hence it is important to wear a mask and socially distance until wide-spread vaccination in the community can be achieved.
39. If I have had both vaccinations, and it has been more than 2 weeks since my second vaccination, do I still need to complete a 14 day quarantine at home if I have a high risk exposure (>15 minutes, < 6 feet)? Yes.

40. If I had a high risk exposure, can I get the vaccine to limit the quarantine duration? No. The full quarantine period must be completed. Protection requires up to 6 weeks after the first dose (2 weeks after the second dose). Also, COVID vaccination cannot be given until the quarantine is complete without the development of COVID-19 symptoms (except in congregate settings where there are repeat long term exposures).

41. Will having a COVID mRNA vaccine affect any future COVID testing? No. It will not affect the results for any nasal or nasopharyngeal swab for molecular, PCR or antigen tests.

42. Do the 2 mRNA vaccines have the same protein sequence genetic material? No. Both vaccines contain the genetic code for the SARS-CoV2 spike protein. The mRNA in the two vaccines is slightly different. Each company made slight changes to the genetic sequence of the mRNA they used so the vaccines would produce a stronger immune response.

43. How long do I need to be monitored after my vaccine? Recommended time is 15 minutes or 30 minutes if recipient has a history of any significant allergies (vaccines or medications).

44. When the vaccine becomes available for the general public, where can I find it? Your local or state health department will have updates. The CDC manages a website that can help you find locations to get vaccinated throughout the United States. When the COVID-19 vaccine becomes widely available, it will be listed on VaccineFinder.org.

45. How many people need to be vaccinated in order to have herd immunity? For COVID-19, herd immunity occurs when 70 to 80% of people in a population are immune to the disease either because of natural immunity or because they have received a vaccine.

46. How much will it cost to get vaccinated? The federal government is providing the COVID-19 vaccine free of charge to all individuals. Insurance companies are committed to not charging out of pocket fees or copays related to the administration of the COVID-19 vaccine.
47. Can you receive a COVID vaccine if you had a monoclonal antibody infusion (ex - Bamlanivimab)? Yes. However, it is recommended you wait 90 days from the infusion. As per CDC, “Currently, there are no data on the safety and efficacy of mRNA COVID-19 vaccines in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment. Based on the estimated half-life of such therapies as well as evidence suggesting that reinfection is uncommon in the 90 days after initial infection, vaccination should be deferred for at least 90 days, as a precautionary measure until additional information becomes available, to avoid potential interference of the antibody therapy with vaccine-induced immune responses. This recommendation applies to persons who receive passive antibody therapy before receiving any vaccine doses as well as those who receive passive antibody therapy after the first dose but before the second dose, in which case the second dose should be deferred for at least 90 days following receipt of the antibody therapy.”
https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

48. Can I receive a COVID vaccine if I received an antibody therapy not specific to COVID-19? Yes. You do not need to wait 90 days. As per CDC, ‘For persons receiving antibody therapies not specific to COVID-19 treatment (e.g., intravenous immunoglobulin, RhoGAM), administration of mRNA COVID-19 vaccines either simultaneously with or at any interval before or after receipt of an antibody-containing product is unlikely to substantially impair development of a protective antibody response. Thus, there is no recommended minimum interval between other antibody therapies (i.e., those that are not specific to COVID-19 treatment) and mRNA COVID-19 vaccination.’ https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

49. If you had dose one of a COVID vaccine, can you still get COVID? Yes. 52% protection after Pfizer dose #1 and 94% protection after Pfizer dose 2. Full protection 2 weeks from dose 2.

50. If I get COVID after my first vaccination, do I still get the second COVID vaccine as scheduled? Yes, unless you get COVID within the 10 days of
your second scheduled vaccination (you must stay in isolation until released from LHD). You can wait up to 40 days from initial COVID vaccination day. However, if you have developed natural immunity from COVID-19, the vaccine will not harm you.

51. **Can the COVID vaccine cause a nasal or NP swab (antigen or molecular) to be falsely positive?** No

52. **Can the COVID vaccine cause an antibody test to be falsely positive – IgM or IgG?** No. The test would be a true positive because it would reflect immunity. The antibody test does not distinguish between immunity from disease and immunity from vaccine. Only a PCR or antigen test could differentiate.

53. **There has been talk about decreasing the vaccine to a ‘half dose’ or a ‘single dose’ in order for more people to get the vaccine. Is this recommended?** Not at this time. We expect sufficient supplies to give the full series to all who desire the vaccine.

54. **Should I get tested for COVID a few days after getting the vaccine if having fever, myalgias and fatigue?** Yes. It is best to be safe and test. If symptoms seem more than a reactogenicity effect, consider testing. The vaccine does not cause a false positive test.

55. **Can the vaccine cause cough, sore throat, nasal congestion or shortness of breath?** Unlikely. The vaccine causes local injection site reactions and generalized systemic side effects, such as low grade fevers, headache, but not specific respiratory side effects.

56. **If I received one dose of vaccine on a vacation, should I return to that city for my second dose?** You should receive both doses in the same location. Try to schedule travel accordingly. If emergencies preclude a return within the desired interval between doses, contact your physician for advice. Keep the vaccine information with you until you have received both doses and the details have been entered in to the national vaccine registry.

57. **Can I get a TB (tuberculosis) skin test if I recently had a COVID vaccine?** Even though the COVID-19 vaccine is not a live vaccine, some live vaccines can interfere with the results of the TB test. Therefore, until more information and data is collected with the COVID vaccine, it is recommended to delay the skin test or the IGRA (interferon gamma release assay) (Quantiferon TB Gold or T-spot) until 4 weeks after completion of
the second dose of COVID mRNA vaccination. If patient is high risk, consider performing TB symptom screening, draw blood for IGRA prior to COVID mRNA vaccination and place skin test prior to COVID mRNA vaccination.

58. **If I have lip fillers, is the vaccine contraindicated?** Rarely patients with lip fillers will get swelling after the vaccine. This is not a contraindication. Swelling should subside spontaneously by may require, anti-inflammatories and/or antihistamines. Steroids should be reserved only for significant swelling.

59. **What other reactogenicity side effects have you personally encountered?** Swollen lymph nodes on the side of the vaccine, jitters, feeling in a ‘fog’, headaches, light-headedness, hand tingling, lip tingling, rarely chest tightness. All of these symptoms have been short lived.

60. **What is the Countermeasures Injury Compensation Program (CICP)?** It is a federal program that may help pay for costs of medical care and other specific expenses of certain people that have been seriously injured by certain medicines or vaccines including the COVID vaccine. Generally, a claim must be submitted to the CICP, within one year of receiving the vaccine. To learn more, visit [www.hrsa.gov/CICP](http://www.hrsa.gov/CICP) or call 1-855-266-2427.

61. **Can I take Tylenol or Ibuprofen if I have pain or fever from my COVID vaccination?** Yes. While these analgesics are commonly used to ameliorate vaccine adverse reactions, their use prophylactically may blunt the vaccine immune responses. Therefore it is not recommended to take Tylenol (Acetaminophen) or Ibuprofen ‘just in case’ you have a side effect, but it is ok if you take these medications if you are having pain or fever.

62. **What are the phases of vaccine distribution?** Phase 1a = healthcare workers. Phase 1b = frontline essential workers (non-health care) and persons aged ≥ 65. Phase 1c = all other essential workers, and persons aged 16-64 with medical conditions that increase risk for severe COVID-19. [https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html](https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html)

63. **How does mRNA vaccination work?** The technology duplicates the coding sequence for the intended viral protein. For COVID-19, the surface protein on the low glycoprotein spike has genetic information that is encoded into messenger RNA. It is then packaged in a lipid nanoparticle for delivery purposes. There is no infectious material in the COVID vaccine. The lipid
A nanoparticle will be recognized and transcribed into the host cell’s ribosomal RNA to make proteins, namely antibodies against the SARS-CoV-2 spike protein.

For more information regarding the mechanism of the COVID vaccine -
https://www.youtube.com/watch?v=8Vra-Nmnaug

1) Identified RNA spike protein sequence
2) Synthetic RNA protein is combined with a lipid carrier coating to make it stable
3) Vaccination - the mRNA protein with lipid carrier travels and presents itself
4) Dendritic cells grab the protein and through the process of phagocytosis, endocytosis and ribosomal translation, the RNA protein is then encoded and displayed on the cell membrane
5) These cells travel throughout the body, including lymph nodes where B cells recognize the new protein on the cell membrane
6) Plasma cells make antibodies and antigen binding regions that will recognize the spike protein on the coronavirus if exposed. The antigen binding regions then bind to the spikes. Therefore, the SARS CoV – 2 protein has less opportunity to bind to any new host cells because of the attached antibodies.


https://assets.acponline.org/coronavirus/scormcontent/?&_ga=2.21864123.1674164449.1608676594-94631438.1560890673#/


To see the latest FDA status of COVID-19 vaccines, visit:
Learn more about how mRNA vaccines work at:


https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html

https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/reactogenicity.html

https://www.nejm.org/covid-vaccine


Specific ACOG guidelines can be found at:

## Appendix: Triage of persons presenting for Pfizer-BioNTech COVID-19 vaccination

<table>
<thead>
<tr>
<th>MAY PROCEED WITH VACCINATION</th>
<th>PRECAUTION TO VACCINATION</th>
<th>CONTRAINDICATION TO VACCINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONDITIONS</strong></td>
<td><strong>CONDITIONS</strong></td>
<td><strong>CONDITIONS</strong></td>
</tr>
<tr>
<td>• Immunocompromising conditions</td>
<td>• Moderate/severe acute illness</td>
<td>• None</td>
</tr>
<tr>
<td>• Pregnancy</td>
<td>• Risk assessment</td>
<td>• N/A</td>
</tr>
<tr>
<td>• Lactation</td>
<td>• Potential deferral of vaccination</td>
<td></td>
</tr>
<tr>
<td>• 15 minute observation period</td>
<td>• 15 minute observation period if vaccinated</td>
<td></td>
</tr>
<tr>
<td><strong>ACTIONS</strong></td>
<td><strong>ACTIONS</strong></td>
<td><strong>ACTIONS</strong></td>
</tr>
<tr>
<td>• Additional information provided*</td>
<td>• Risk assessment</td>
<td>• Do not vaccinate</td>
</tr>
<tr>
<td>• 15 minute observation period</td>
<td>• Potential deferral of vaccination</td>
<td></td>
</tr>
</tbody>
</table>

* See Special Populations section for information on patient counseling in these groups

### Allergies

**CONDITIONS**
- History of food, pet, insect, venom, environmental, latex, or other allergies not related to vaccines or injectable therapies
- History of allergy to oral medications (including the oral equivalent of an injectable medication)
- Non-serious allergy to vaccines or other injectables (e.g., no anaphylaxis)
- Family history of anaphylaxis
- Any other history of anaphylaxis that is not related to a vaccine or injectable therapy

**ACTIONS**
- 30 minute observation period: Persons with a history of severe allergic reaction (e.g., anaphylaxis) due to any cause
- 15 minute observation period: Persons with allergic reaction, but not anaphylaxis

**CONTRAINDICATION TO VACCINATION**
- History of severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including Pfizer-BioNTech vaccine)
- History of severe allergic reaction (e.g., anaphylaxis) to an injectable therapy

**ACTIONS**
- Risk assessment
- Potential deferral of vaccination
- 30 minute observation period if vaccinated

Questions/Answers subject to change as more information is gathered from community observation and data collection.

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